

Greenwood County Assessor's Office
528 Monument St – Room 109
Greenwood SC 29646

Phone 864-942-8537
Fax 864-942-8660

**APPLICATION FOR SPECIAL ASSESSMENT
AS AGRICULTURAL REAL PROPERTY**

Please file this application by May 1st to assure your property is listed at the correct assessment ratio. Please read the information on this form carefully. See second sheet for filing qualifications and additional filing information. It is important that all questions on this form are answered.

Name and Mailing Address of Property Owner _____

Map Number _____

Tax District _____

Tax Year _____

Property Location: _____

Legal Description: _____

Property Owner _____

Social Security Number _____

Property Owner or _____

Spouse's Name _____

Social Security Number _____

If more than two owners, attach a separate sheet with above information on each owner.

Total number of acres _____

Timberland: Yes _____ No _____ Number of Acres _____ Type of Timberland: Volunteer _____ Planted _____

Cropland: Yes _____ No _____ Number of Acres _____

Type of Cropland: Cultivated _____ Pasture _____ Row Crop _____

Other _____

If this is a timber tract and size is less than 5 acres, do you own any other timberland tracts which are contiguous to or under the same management system as this tract? Yes _____ No _____

Do you own any other non-timberland tracts which qualify as agricultural real property? Yes _____ No _____

Did you have gross farm income of \$1000 or more? Yes _____ No _____

Is any portion of the entire tract being used for other than agricultural profit? Yes _____ No _____

If yes, explain: _____

Did you file a farm income tax return? Yes _____ No _____

It is unlawful for a person to knowingly and willfully make a false statement on this application. A person violating the provisions of this section is guilty of a misdemeanor and upon conviction, must be fined not more than \$200. **In making this application, I certify the property which is the subject of this application meets the requirements to qualify as agricultural real property as of January 1 of the current tax year.** I also authorize the Assessor to verify farm income with the Department of Revenue and Taxation, the Internal Revenue Service, or the Agricultural Stabilization and Conservation Service.

Owner's Signature _____ Phone# _____ Date _____

Spouse's Signature _____ Phone# _____ Date _____

If agent signed for owner, give relationship and mailing address: _____

Mailing this form does not mean that you have qualified for the Special Assessment. If the Assessor disqualifies the property, you will be notified.

Office Use: Appr _____ Qualified Yes _____ No _____ Initial _____ Date _____